

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>OSM</i>		
O.I.P.E. CLASSIFIER		<i>21</i>	<i>9/6/01</i>
FORMALITY REVIEW	<i>BH</i>	<i>509</i>	<i>10/01/01</i>
RESPONSE FORMALITY REVIEW	<i>CK</i>	<i>1109</i>	<i>1-04-01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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J1040 U.S. PTO  
 09/939404

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 10/08/01  
 6/1  
 1-1-02